



PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. 1.136(a)		Docket Number (Optional) 54600-8183.US07
In re Application of Reyes et al. Application Number 09/851,410 For ENTERICALLY TRANSMITTED NON-A/NON-B HEPATITIS VIRAL AGENT AND CHARACTERISTIC EPITOPE THEREOF Group Art Unit 1648	In re Application of Reyes et al.	
	Filed May 7, 2001	
	For ENTERICALLY TRANSMITTED NON-A/NON-B HEPATITIS VIRAL AGENT AND CHARACTERISTIC EPITOPE THEREOF	
	Examiner Mosher, Mary	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,480
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,010
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.	
<input type="checkbox"/> A check in the amount of the fee is enclosed. <i>420.00</i>	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge \$110.00 or any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-2207.	

I have enclosed a duplicate copy of this sheet.

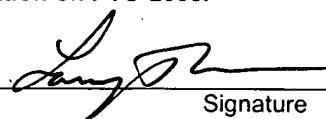
I am the  applicant/inventor

<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
<input type="checkbox"/> attorney or agent of record. Registration number _____.
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>47,994</u> .

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

12-8-03

Date

  
Signature

650-838-4405

Telephone Number

Larry W. Thrower

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 4 forms is submitted.

This form is estimated to take 6 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

12/15/2003 AADOF01 00000074 502207 09851410

01 FC:1252 420.00 DA

[54600-8183/BY033230 005]